

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

**RECEIVED**

APR 19 2004

**ARIZONA CORPORATION COMMISSION**  
**DIRECTOR OF UTILITIES**

**ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY**

WS-03448a  
Escapees at North Ranch - *water*  
100 Rainbow Dr.  
Livingston TX 773510000

**ANNUAL REPORT**

**FOR YEAR ENDING**

<b>12</b>	<b>31</b>	<b>2003</b>
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FOR COMMISSION USE

<b>Ann04</b>	<b>03</b>
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## COMPANY INFORMATION

**Company Name (Business Name)** Rainbow Parks, Inc.

**Mailing Address** 100 Rainbow Drive  
(Street)  
Livingston TX 77351  
(City) (State) (Zip)

936-327-8873 936-327-4388  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_

**Local Office Mailing Address** Same  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Local Office Telephone No. (Include Area Code)** \_\_\_\_\_ **Fax No. (Include Area Code)** \_\_\_\_\_ **Pager/Cell No. (Include Area Code)** \_\_\_\_\_

**Email Address** \_\_\_\_\_

## MANAGEMENT INFORMATION

**Management Contact:** Robert W. Carr President  
(Name) (Title)  
Same  
(Street) (City) (State) (Zip)

\_\_\_\_\_  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_

**On Site Manager:** Karen Cannizzaro  
(Name)  
3085 Garden Ln. Prescott AZ 86305  
(Street) (City) (State) (Zip)

928-771-2575  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

<b>Statutory Agent:</b> _____			
(Name)			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____	_____	_____	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	
<b>Attorney:</b> _____			
(Name)			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
_____	_____	_____	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Include Area Code)	

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

### **OWNERSHIP INFORMATION**

Check the following box that applies to your company:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S)    | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)        | <input type="checkbox"/> Subchapter S Corporation (Z)                                |
| <input type="checkbox"/> Bankruptcy (B)         | <input type="checkbox"/> Association/Co op (A)                                       |
| <input type="checkbox"/> Receivership (R)       | <input type="checkbox"/> Limited Liability Company                                   |
| <input type="checkbox"/> Other (Describe) _____ |  |

### **COUNTIES SERVED**

Check the box below for the county/ies in which you are certificated to provide service:

- |                                     |   |                                   |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> APACHE     | <input type="checkbox"/> COCHISE            | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA       | <input type="checkbox"/> GRAHAM             | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ     | <input type="checkbox"/> MARICOPA           | <input type="checkbox"/> MOHAVE   |
| <input type="checkbox"/> NAVAJO     | <input type="checkbox"/> PIMA               | <input type="checkbox"/> PINAL    |
| <input type="checkbox"/> SANTA CRUZ | <input checked="" type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA     |
| <input type="checkbox"/> STATEWIDE  |   |                                   |

### UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	12,000.00	0	12,000.00
304	Structures and Improvements			
307	Wells and Springs	10,000.00	3,500.00	6,500.00
311	Pumping Equipment	5,284.00	3,698.40	1,585.60
320	Water Treatment Equipment	1,500.00	1,050.00	450.00
330	Distribution Reservoirs and Standpipes	74,268.00	25,993.40	48,274.60
331	Transmission and Distribution Mains	131,387.00	45,985.10	85,401.90
333	Services			
334	Meters and Meter Installations	17,440.00	6,104.00	11,336.00
335	Hydrants	3,900.00	2,730.00	1,170.00
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	4,000.00	3,821.11	178.89
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment	511.28	255.65	255.63
348	Other Tangible Plant			
	<b>TOTALS</b>	260,290.28	93,137.66	167,152.62

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights	12,000.00	N/A	0
304	Structures and Improvements			
307	Wells and Springs	10,000.00	.05	500.00
311	Pumping Equipment	5,284.00	.10	528.40
320	Water Treatment Equipment	1,500.00	.10	150.00
330	Distribution Reservoirs and Standpipes	74,268.00	.05	3,713.40
331	Transmission and Distribution Mains	131,387.00	.05	6,569.35
333	Services			
334	Meters and Meter Installations	17,440.00	.05	872.00
335	Hydrants	3,900.00	.10	390.00
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment	4,000.00	.0893	357.20
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment	511.28	.20	102.26
348	Other Tangible Plant			
	<b>TOTALS</b>			<b>13,182.61</b>

This amount goes on Comparative Statement of Income and Expense \_\_\_\_\_  
Acct. No. 403.

COMPANY NAME

## BALANCE SHEET

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
31	Cash	\$ 40,366.47	\$ 28,740.95
34	Working Funds		
35	Temporary Cash Investments		
41	Customer Accounts Receivable	3,015.68	3,676.31
46	Notes/Receivables from Associated Companies		
51	Plant Material and Supplies		
62	Prepayments		
74	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$ 43,382.15	\$ 32,417.26
	<b>FIXED ASSETS</b>		
01	Utility Plant in Service	\$ 260,290.29	\$ 260,290.29
03	Property Held for Future Use		
05	Construction Work in Progress		
08	Accumulated Depreciation – Utility Plant	- 79,954.00	- 93,137.66
21	Non-Utility Property		
22	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$ 180,336.29	\$ 167,152.63
	<b>TOTAL ASSETS</b>	\$ 223,718.44	\$ 199,569.89

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITIES</b>		
2:1	Accounts Payable	\$ 7,830.21	\$ 331.01
2:2	Notes Payable (Current Portion)		
2:4	Notes/Accounts Payable to Associated Companies		
2:5	Customer Deposits		
2:6	Accrued Taxes		
2:7	Accrued Interest		
2:1	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$ 7,830.21	\$ 331.01
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
2:4	Long-Term Notes and Bonds	\$	\$
	<b>DEFERRED CREDITS</b>		
2:1	Unamortized Premium on Debt	\$	\$
2:2	Advances in Aid of Construction		
2:5	Accumulated Deferred Investment Tax Credits		
2:1	Contributions in Aid of Construction		
2:2	Less: Amortization of Contributions		
2:1	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$
	<b>TOTAL LIABILITIES</b>	\$ 7,830.21	\$ 331.01
	<b>CAPITAL ACCOUNTS</b>		
2:1	Common Stock Issued	\$	\$
2:1	Paid in Capital in Excess of Par Value		
2:5	Retained Earnings	215,888.23	199,238.88
2:8	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$ 215,888.23	\$ 199,238.88
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$ 223,718.44	\$ 199,569.89

COMPANY NAME

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
401	Metered Water Revenue	\$ 67,266.23	\$ 70,742.26
400	Unmetered Water Revenue		
404	Other Water Revenues	10.00	
	<b>TOTAL REVENUES</b>	\$ 67,276.23	\$ 70,742.26
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 2,857.14	\$ 5,654.26
600	Purchased Water		
605	Purchased Power	11,679.65	10,762.12
608	Chemicals	4,321.38	3,030.23
600	Repairs and Maintenance	356.30	5,481.32
601	Office Supplies and Expense	691.20	694.35
600	Outside Services	13,157.18	7,033.90
605	Water Testing		
601	Rents		
600	Transportation Expenses		383.07
607	Insurance – General Liability	829.99	
609	Insurance - Health and Life		
606	Regulatory Commission Expense – Rate Case		
605	Miscellaneous Expense	842.50	1,580.73
403	Depreciation Expense	13,181.00	13,182.00
408	Taxes Other Than Income	844.79	473.47
408.11	Property Taxes	2,691.69	3,719.97
409	Income Tax	448.09	
	<b>TOTAL OPERATING EXPENSES</b>	\$ 51,900.73	\$ 51,995.42
	<b>OPERATING INCOME/(LOSS)</b>	\$ 15,375.50	\$ 18,746.84
	<b>OTHER INCOME/(EXPENSE)</b>		
409	Interest and Dividend Income	\$	\$
401	Non-Utility Income		
406	Miscellaneous Non-Utility Expenses		
407	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$	\$
	<b>NET INCOME/(LOSS)</b>	\$ 15,375.50	\$ 18,746.84



COMPANY NAME

**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACCO Decision No.				
Reason for Loan				
Dollar Amount Issued	\$ 0	\$ 0	\$ 0	\$ 0
Amount Outstanding	\$ 0	\$ 0	\$ 0	\$ 0
Date of Maturity				
Interest Rate				
Current Year Interest	\$ 0	\$ 0	\$ 0	\$ 0
Current Year Principle	\$ 0	\$ 0	\$ 0	\$ 0

Meter Deposit Balance at Test Year End

\$ 0

Meter Deposits Refunded During the Test Year

\$ 0

COMPANY NAME

## WATER COMPANY PLANT DESCRIPTION

### WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (Gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-506823	30	150	10			

- Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
N/A		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
15	2	1	

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
10,000	1	10,000	1
100,000	1		

COMPANY NAME

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS			CUSTOMER METERS	
Size (in inches)	Material	Length (in feet)	Size (in inches)	Quantity
2			5/8 X 3/4	436
3			3/4	
4	PVC	18,643	1	
5			1 1/2	
6	PVC	290	2	
8			Comp. 3	
10			Turbo 3	
12			Comp. 4	
			Tubo 4	
			Comp. 6	
			Tubo 6	

For the following three items, list the utility owned assets in each category.

TREATMENT EQUIPMENT:

STRUCTURES:

OTHER:

COMPANY NAME:

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2003**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY	371	908580	908580
FEBRUARY	374	771240	771240
MARCH	374	758700	758700
APRIL	372	802230	802230
MAY	370	1117030	1117030
JUNE	368	882715	882715
JULY	365	1026820	1026820
AUGUST	366	765467	765467
SEPTEMBER	369	698830	698830
OCTOBER	372	1035371	1035371
NOVEMBER	374	659264	659264
DECEMBER	373	924080	924080
TOTAL		N/A	

Is the Water Utility located in an ADWR Active Management Area (AMA)?

( ) Yes

(☒) No

Does the Company have An ADWR Gallons Per Capita Per Day (GPCPD) requirement?

( ) Yes

(☒) No

If yes, provide the GPCPD amount: \_\_\_\_\_

What is the level of arsenic for each well on your system. 0.005 mg/l

(If more than one well, please list each separately)

*Note: If you are filing for more than one system, please provide separate data sheets for each system.*

COMPANY NAME \_\_\_\_\_ YEAR ENDING 12/31/2003

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2003 was: \$ 2,886.68

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME \_\_\_\_\_

YEAR ENDING 12/31/2003

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported  
Estimated or Actual Federal Tax Liability18,746.84  
2,812.03State Taxable Income Reported  
Estimated or Actual State Tax Liability\_\_\_\_\_  
\_\_\_\_\_

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances  
Amount of Gross-Up Tax Collected  
Total Grossed-Up Contributions/Advances\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the previous year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

  
SIGNATURE4-15-04  
DATERobert W. Carr  
PRINTED NAMEPresident  
TITLE

# RECEIVED

APR 19 2004

VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

2 CORPORATION COMMISSION  
DIRECTOR OF UTILITIES

VERIFICATION

STATE OF TEXAS

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)
<u>DOCK</u>
NAME (OWNER OR OFFICIAL) TITLE
<u>Robert W. Carr, President</u>
COMPANY NAME
<u>Rainbow Parks, Inc.</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2003</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2003 WAS:

Arizona IntraState Gross Operating Revenues Only (\$)

\$ 71,172.85

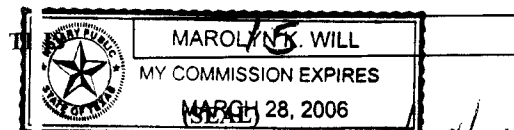
(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 3906.62

IN SALES TAXES BILLED, OR COLLECTED

\*\*REVENUE REPORTED ON THIS PAGE MUST  
INCLUDE SALES TAXES BILLED OR  
COLLECTED. IF FOR ANY OTHER REASON,  
THE REVENUE REPORTED ABOVE DOES NOT  
AGREE WITH TOTAL OPERATING REVENUES  
ELSEWHERE REPORTED, ATTACH THOSE  
STATEMENTS THAT RECONCILE THE  
DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF



MY COMMISSION EXPIRES 3/28/06

DAY OF

SIGNATURE OF OWNER OR OFFICIAL  
Robert W. Carr  
936-327-8873  
TELEPHONE NUMBER

COUNTY NAME	<u>DOCK</u>	
MONTH	<u>April</u>	<u>2004</u>
<u>Marolyn K. Will</u> SIGNATURE OF NOTARY PUBLIC		

# RECEIVED

APR 19 2004

VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
INTRASTATE REVENUES ONLY

ARIZONA CORPORATION COMMISSION  
DIRECTOR OF UTILITIES

VERIFICATION

STATE OF <sup>TEXAS</sup> ~~ARIZONA~~

I, THE UNDERSIGNED

OF THE

(COUNTY NAME) <u>Polk</u>	
NAME (OWNER OR OFFICIAL) <u>Robert W. Carr</u>	TITLE <u>President</u>
COMPANY NAME <u>Rainbow Parks Inc</u>	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2003</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

## SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2003 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 71,172.85

(THE AMOUNT IN BOX AT LEFT

INCLUDES \$ 3906.62

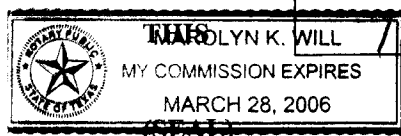
IN SALES TAXES BILLED, OR COLLECTED

RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.

[Signature]  
SIGNATURE OF OWNER OR OFFICIAL

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF



MY COMMISSION EXPIRES

3/28/06

DAY OF

NOTARY PUBLIC NAME	<u>Marolyn K. Will</u>	
COUNTY NAME	<u>Polk</u>	
MONTH	<u>April</u>	<u>20 04</u>

X [Signature]  
SIGNATURE OF NOTARY PUBLIC